

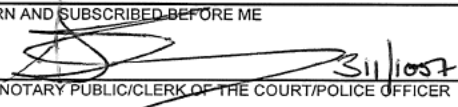
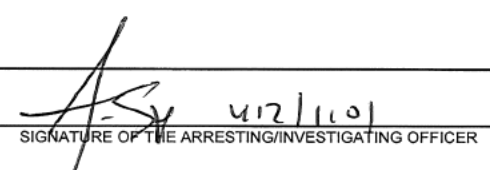
ADMINISTRATIVE	OBTS NUMBER		ARREST/NOTICE TO APPEAR Juvenile Referral Report										1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	No				
	Agency ORI Number FL0501700		Agency Name Jupiter Police Department										Agency Report Number 54 - 19 - 000819										
	Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other										Weapons Seized/Type 1. Yes 2. No		2								
	Location of Arrest (Including Name of Business)										Location of Offense (Business Name/Address) Orchids of Asia Day Spa 103 S US Hwy 1 C2, Jup.										Date of Offense 01/19/19		
DEFENDANT	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal										
	Location of Vehicle										Other Local Number		FDLE Number		DOC Number		FBI Number						
	Name (Last, First Middle) Kraft, Robert										Alias (Name, DOB, Soc. Sec. #, Etc.)												
	Race W - White B - Black I - American Indian O - Oriental/Asian		Sex W M		Date of Birth 06/05/1941		Height 508		Weight 160		Eye Color blu		Hair Color gray		Complexion med		Build med						
CO-DEF.	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none visible										Marital Status unk		Religion unk		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Un. <input checked="" type="checkbox"/>						
	Local Address (Street, Apt. Number) 260 Heath Street										(City) Brookline		(State) Ma		(Zip) 02445		Phone ( )		Residence Type: 1. City 2. County 3. Florida 4. Out of State				
	Permanent Address (Street, Apt. Number) same										(City)		(State)		(Zip)		Phone ( )		Address Source				
	Business Address (Name, Street)										(City)		(State)		(Zip)		Phone ( )		Occupation				
JUVENILE	D/L Number S14074167		D/L State MA		Soc. Sec. Number		INS Number		Place of Birth MA		Citizenship US												
	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
	<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other:		Name (Last, First, Middle)												Residence Phone ( )								
CHARGE	Address (Street, Apt. Number)										(City)		(State)		(Zip)		Business Phone ( )						
	Notified By: (Name)										Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DCF 3. Incarcerated								
	Released To: (Name)										Relationship		Date		Time								
	The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address: Yes, by: (Name) No: (Reason)										School Attended		Grade										
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property										Value of Property										
	Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/Distribute Distribute		M. Manufacture Produce/ Cultivate		Z. Other		Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other		
	Charge Description Solicit another to commit prostitution										Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 796.07(5)(a)1		Violation of ORD #						
	Activity N		Drug Type N		Amount/Unit N/A		Offense # 19-000819		Warrant/Capias Number		Bond												
CHARGE	Charge Description										Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #						
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond												
	Charge Description										Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #						
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond												
CHARGE	Charge Description										Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #						
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond												
	Charge Description										Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #						
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond												
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410																				
			Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.																				
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																						
	Signature of Defendant (or Juvenile and Parent/Custodian)																						
ADMIN	HOLD for other Agency Name:										Signature of Arresting Officer X [Signature] 4/2/11 10:1										Date Signed		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal Intake Deputy										<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: I.D.#										Name Verification (Printed by Prisoner) (PRINT)		
	Pouch #										Name of Arresting Officer (Print) Det. A. Sharp #412/1101										I.D.#		
	Transporting Officer										I.D.#										Agency		
Witness here if subject signed with an "X"																				PAGE 1 of 1			

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<b>ADMIN</b>	OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	No	
	Agency ORI Number <b>FL0501700</b>			Agency Name <b>JUPITER POLICE DEPARTMENT</b>				Agency Report Number <b>54 - 19 - 000819</b>						
<b>DEF</b>	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other											Special Notes:		
	Name (Last, First, Middle) <b>Kraft, Robert K.</b>								Alias					
<b>VICTIM</b>	Victim's Name (Last, First, Middle) <b>State of Florida</b>								Race <b>N/A</b>		Sex <b>N/A</b>		Date of Birth <b>N/A</b>	
	Local Address (Street, Apt. Number) <b>210 Military Trail,</b>				(City) <b>Jupiter,</b>		(State) <b>FL,</b>		(Zip) <b>33458</b>		Phone <b>(561) 746-6201</b>		Address Source <b>Known</b>	
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone <b>( )</b>		Occupation <b>Government</b>	
<b>PROBABLE CAUSE STATEMENT</b>	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. The person taken into custody....  <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____    that he/she saw the arrested person commit the below acts. <input type="checkbox"/> admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.													
	On the _____ day of _____, <b>20</b> at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)													
	In October of 2018 members of the Jupiter Police Department began an investigation into criminal activity occurring at Orchids of Asia Day Spa, located at 103 S. US Highway 1 C2 in Jupiter. On January 17, 2019, covert surveillance equipment was installed in Orchids of Asia Day Spa pursuant to a sneak and peek warrant. The following narrative is a description of the illicit activity that took place.													
	Room Surveillance: Det.C. Cook #404 Room Camera # JPPD Cam 3  January 19, 2019, 1645hrs-1725hrs													
	Defendant: Robert Kraft, (W/M, 06/05/41) FL tag 845 (passenger), blue shirt, blue ball cap													
<b>ADMIN.</b>	On January 19th, 2019, video surveillance was conducted at the target business. At approximately 1645hrs, Kraft entered the listed establishment and paid for services in cash at the front desk to an Asian female, previously identified as Lei Wang (A/F 05/20/73), which was captured on JPPD Cam 5. Kraft is taken by _____ to a massage room identified as JPPD Cam 3. Kraft undressed, laid on the massage bed completely nude and partially covered himself with a sheet. Kraft was observed using a cell phone while waiting in the room. At approximately 1649, _____ and another female, previously identified as _____, entered the room and both began massaging Kraft. A short time later the sheet is removed as Kraft laid on the massage bed face down. At 1712 hours, Kraft turned over onto his back and the lights in the room go out. At 1714 the room is illuminated and _____ can be seen with her hands near Kraft's genitals. The room is illuminated again and _____ can be seen standing to Kraft's right side and her right hand is seen manipulating Kraft's penis. At 1716 hours, _____ can be seen wiping Kraft's penis with a white towel. At 1724 hours, Kraft handed both _____ and _____ cash, and they responded by hugging him. _____ and _____ then proceeded to finish dressing Kraft, and he left the room.													
	Surveillance on Scene: At 1645hrs, a white male later identified as Robert Kraft (W/M 06/05/41) entered the establishment through the front door, which was observed by Agent M. Nicholson #342. At 1725hrs, the Kraft exited the front door of the business and entered the front passenger seat of a 2014 White Bentley, bearing FL tag 845, which observed by Agent Nicholson. Officer Kimbark #368, followed the Bentley and conducted a traffic stop on the vehicle. The front seat passenger was positively identified by his Massachusetts driver's license as Robert Kraft, (W/M, 06/05/41).													
	Based upon the following information it has been determined that Robert Kraft did commit, engage in, or offer to commit, prostitution, lewdness, or assignation, contrary to Florida Statute 796.07(2)(e) and (4)(a)1..(2 DEG MISD) Offer To Commit Prostitution.													
SWORN AND SUBSCRIBED BEFORE ME  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             NOTARY PUBLIC/CLERK OF THE COURT/POLICE OFFICER   <b>February 22, 2019</b>            DATE         </div> <div style="width: 45%;">             SIGNATURE OF THE ARRESTING/INVESTIGATING OFFICER   <b>A.Sharp #412/1101</b>            NAME OF OFFICER (PLEASE PRINT)   <b>February 22, 2019</b>            DATE         </div> </div>														
												PAGE <b>1 OF 1</b>		

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